PTDISSIDE (08-03) Approved for use through 7/31/2008, OMB 0551-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875											1 -	Application or Doctor Mumber		
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MATIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(40)									٠٠د	<u> </u>	OR	+1		
" If the difference in column 1 is tess than zero, enter "V" in column 2.									TOTAL	L	OR	TOTAL		
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7		(Column 1)			storm 2)	(Cohm	m 3)	_	·		٠.		<u>'</u>	
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLASM (27 CFR 1.18(4))										1			
-	•	•				•		7	OTAL		OR'	TOTAL		
• 1	I the entry to ec	Amn 1 is less	than the ent	ry in colu	ma 2. waka	°O' in co	hane 9		DDI FEE		OR	ADDIFEE		
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"", If the Toghest Number Previously Paid For II THIS SPACE is less than 3, enter "3".

The Tighest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO) openessy an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete specialism form to the USPTO. Time will vary depending upon the inhabitual scale. Any compress, including gathering, preparing, and submitting the completed application for reducing this burden, should be sent to the Chief Indomesion Officer. U.S. Pestent and Trademark Office, U.S. Department of Commerce, P.O. 80x 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. 8ex 1450, Alexandria, VA 22313-1450.

If you need assistance in complaining the torm, call 1-800-PTQ-9199 and select option 2.

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